

FLORENCE NIGHTINGALE'S INFLUENCE ON NURSING

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MODERN nursing derives so completely from the example and teaching of Florence Nightingale that it is hard to pick out the particular practices that owe their existence to her influence. All nursing has been influenced by her. One might say modern nursing is Miss Nightingale—that her name is a synonym for nursing. She demonstrated in a dramatic fashion in the Crimea that nursing—and sanitation—could reduce mortality, as Dr. Berry will describe to you.

The medical profession has long recognized the essential role of nursing in care of patients and prevention of illness. The Academy of Medicine tonight in paying tribute to Florence Nightingale is paying tribute to the contribution nursing makes to medical practice.

Nursing literally did not exist except in a few religious orders until Miss Nightingale showed what it could do, and more important, established a school to produce people who could do it. This first school at St. Thomas' Hospital in London was a model for all the later schools in England and the United States. Nightingale nurses became heads of all the early schools established in England. Bellevue Hospital School of Nursing in New York, the first in this country to introduce the Nightingale principles, was actually guided by letters from Miss Nightingale.

This evening I would like to detach Miss Nightingale's principles from their historical setting and discuss them in relation to modern nursing. To do this one must recognize that Miss Nightingale had both a good influence and a bad influence on nursing. Most of the "bad" is due to the fact that we have slavishly followed some practices she strongly advocated, long after the need for them has disappeared. Some of it is due to the fact that we have continued with practices she initiated, but have ignored the underlying principles which she set forth.

The influences that have outlived their social usefulness are almost entirely related to the conduct of student nurses. When Miss Nightingale started the first training school, the Nightingale nurse, in the words of one of her biographers, "had to establish her character in a profession proverbial for its immorality."

The probationers, as students were called, had their entire lives controlled by the school as though in a convent. They had two hours of outdoor exercise each day, outside the dormitory. They were never allowed to leave the dormitory alone. All other time was scheduled: meals, work and learning, and sleep. All this control probably was necessary at *that* time. The fact that some of it has lingered on into the middle of the Twentieth Century shows we did not consider the reason for the practice but clung to the practice itself long after the respectability of nursing was established, and young women in our society had attained much more independence.

Miss Nightingale herself recognized the danger of stereotyping. In the paper, "Sick Nursing and Health Nursing," that she read in Chicago in 1893, when she was in her seventies, she said, "No system can endure that does not march."

On the other hand, if we had followed as closely all else that she taught, we would not now be trying to undo so much of what we recently have been teaching and doing in this country in nursing.

This astonishing person had such vision and understanding that I sometimes think a school of nursing today could not do better than read from her writings each morning a "lesson for the day." The lesson could then be expanded with the knowledge of human relations and with the scientific facts we have acquired since her day, but I doubt that many "new lessons" would be needed.

It is a little disconcerting to realize some of our most modern ideas—that are still opposed by some nurses and some of the related professions—that these dangerous "new" ideas were taught by Miss Nightingale 95 years ago. True, our leaders in nursing today have come to these ideas quite independently and have contributed greatly to getting us "back on the track" and several miles ahead of where we went off.

We might consider these ideas under three main headings: care of the patient in the hospital; administration of nursing services; and education of nurses.

About care of the patient, the most advanced members of the nurs-

ing profession are stressing the idea that we must nurse the whole patient and not just his disease. Miss Nightingale expressed the same principle. She said, "the art is that of nursing the sick." And she added, "Please mark—nursing *the sick*; not nursing sickness."

Her definition of nursing the sick included giving the medicines and stimulants prescribed, and the surgical appliances, proper use of fresh air, warmth and cleanliness, proper choosing and giving the diet, and quiet. All this was to be done, she wrote, "at least expense of vital power of the sick."

Psychosomatic medicine is a relatively new concept, yet the great physicians and nurses of the past recognized the influence of emotions on disease conditions. In writing about the care of patients, Miss Nightingale gave attention to the ways a patient's illness is affected by his state of mind, his worries and fears, the attractiveness or drabness of his surroundings, and the noise around him. She summed it up as follows:

"The symptoms or the sufferings generally considered to be inevitable and incident to the disease are very often not symptoms of the disease at all, but of something quite different—of the want of fresh air . . . or of quiet or of cleanliness or punctuality. . . . The reparative process . . . has been hindered . . . by some want in one or in all of these things. . . ."

We can almost hear the modern cardiologist saying as she did, "Apprehension, uncertainty, waiting, expectation, fear of surprise, do a patient more harm than any exertion."

Psychiatrists today teach us that the type of reassurance which tells a patient not to worry, the operation will not amount to anything, he will be all right, and other such encouragements, often defeats its own end. Today we believe that listening to the patient, the process we call non-directive interviewing, is actually more helpful. Although we did not learn this principle from Florence Nightingale, we might have done so. Although no one had ever heard of "non-directive interviewing", Miss Nightingale wrote: "Do not cheer the sick by making light of their danger", and continued at length to discuss the understanding of patients' fears and their individual differences.

In recent years we have recognized that color affects the productivity of industrial workers, and are now experimenting with the effect of color on patients. Although Miss Nightingale made no controlled experiments, she observed keenly, and in this instance her observations have been proved correct by later scientific experiments. "Little as we

know about the way in which we are affected by form, by colour, and light", she wrote, "we do know this, they have actual physical effect." Another observation from her writing of the same period was: "No one who has watched the sick can doubt the fact, that some feel stimulus from looking at scarlet flowers, exhaustion from looking at deep blue, etc."

On the other hand, Miss Nightingale recognized that the connection between mind and body is not a one-way street. She said she wished "a little more was thought of the effect of the body on the mind." Today we recognize this fact and no longer say as we did some years ago that a patient "is or is not cooperative." We try to understand *why* he complains, or why he is angry, or why he resists treatment. Miss Nightingale summed up the patient's difficulties so succinctly that we might repeat her words every day: "Almost *any* sick person, who behaves decently well, exercises more self-control every moment of his day than you will ever know till you are sick yourself."

Until recently, the recognition given Florence Nightingale by the nursing profession has been primarily for her work in establishing decent standards of nursing care for patients and starting a system of training for those who give the care. Yet perhaps her real genius was in the management field. She may have been so far ahead of her time that we did not appreciate the principles she bequeathed us; we have had to "discover" them for ourselves. Nurses, like hospital administrators, have gone to industry and business for ideas on better management. So we cannot say that Miss Nightingale has influenced our profession greatly in this aspect of nursing service. Yet she knew the basic principles of good management and expressed them so well I would like to quote part of her statement on the first requirement of an administrator:

"To be 'in charge' is certainly not only to carry out the proper measures yourself but to see that everyone else does so too. . . . It is neither to do everything yourself nor to appoint a number of people to the [same] duty. . . ."

Miss Nightingale had much to say about applying this principle and other principles of good management. In 1858 she advocated conserving the nurse's time and energy in almost the exact same words that were used in 1955 in a recommendation growing out of a recent time study of nursing activities. I quote one sentence from the report by a Michigan hospital:

"Following the study made in our hospital we now have a messenger service that brings supplies and drugs to the patient units and transports patients from place to place in the hospital."

Miss Nightingale said that "nothing should be fetched by the nurses", and that "the nurse should never be obliged to quit her floor except for her own dinner and supper." She had schemes to make this possible—more revolutionary in her day than pneumatic tubes in ours—a "windlass installation" or lift to bring up the patients' food. She also had a scheme for saving work by having hot water "piped up to every floor." Without systems of this kind, she said, the nurse is converted into a pair of legs.

She was not only an administrator but an inventor of labor-saving devices. The intercommunicating system at which we marvel today seems only a natural descendant of her suggestion that "the bells of patients should all ring in the passage outside the nurse's door *on that story* and should have a valve which flies open when its bell rings and *remains* open in order that the nurse may see who has rung."

Perhaps some of Miss Nightingale's ideas have remained dormant in nurses' consciousness like recessive characteristics. Even today only the more progressive hospitals have written job descriptions for all nursing personnel. We rather timidly suggest that the good staff nurse should receive recognition through higher pay and more responsibility without necessarily having to become an administrator.

Miss Nightingale said in 1858 in her "Subsidiary Notes as to the Introduction of Female Nursing Into Military Hospitals" that the duties of each nurse, senior and junior, and of the orderly should be clearly outlined. She also wrote: "Many women are valuable as nurses who are yet unfit for promotion to head nurses. It appears to me that it would be desirable to have intermediate recompense. . . ."

The recent studies to which I referred have analyzed the pattern of interruptions in the head nurse's activities and have shown that the head nurse seldom spends as much as five minutes on an activity without being interrupted. Miss Nightingale had a gloomy outlook for people who spent their days in this fashion. She said: "I have never known persons who exposed themselves for years to constant interruption who did not muddle away their intellects by it at last."

Examples of her astute understanding of administration and her inventiveness could be multiplied for the rest of the evening. I shall

quote only one more, under the heading of administration: "Unless the Matron's authority is supported by the Principal Medical Officer, the patients always suffer." When we read Miss Nightingale's writings we are never in danger of forgetting the patient.

In the field of nursing education, we have been grappling with numerous perplexing problems and divergent ideas in recent years. Here again Miss Nightingale offered many ideas that today would be considered progressive, perhaps even radical. Many students of our system of nursing education maintain that the school of nursing should be independent of the hospital. It is interesting to note that the first school of nursing, the Nightingale School at St. Thomas' Hospital in London, had its own endowment fund and its own board of managers.

The first schools in this country, at Bellevue and Massachusetts General Hospitals, were not established primarily to ensure better care of the sick in those hospitals but to educate nurses. The impetus for these schools came not from the physicians or the hospitals but from the New York State Charities Aid Association and from the Women's Education Association in Boston. Each was directed initially by its own board of managers.

Recent studies of costs of schools of nursing have wrestled with the question, "Should nursing service personnel, head nurses and others be paid by the school for their contribution to the education of the students?" In the Nightingale school, the head nurses and the director of nurses were paid part of their salaries from the Nightingale fund for the training of students. So we at least have a precedent for this practice.

Some of us have believed that having the students work full time on the wards was "the good old way." Yet even in Miss Nightingale's era, when theory was a much smaller part of the preparation for any profession than it is now, Miss Nightingale stated as one of the essentials of a training school that "there shall be an organization which by giving proper help in the wards gives probationers time to do their work as pupils" as well as give service to patients. Seventy years later we are proposing not a completely different philosophy of training, but rather more of the pupil and less of the service.

Nursing educators are convinced of the necessity of students understanding the reasons behind the things they do—of the value of the case-study method of teaching. Miss Nightingale must be nodding her

head in approval. Her spirit perhaps is murmuring "at last." For in 1882 she wrote, "We require a special organization for the purpose of training." Then she explained:

"Training is to teach not only what is to be done . . . not only how to do it, but *why* such and such a thing is done, and not such and such another; as also to teach symptoms, and what symptoms indicate what of a disease or change, and the 'reason why' of such symptoms.

"Without time for these things, average nurse-probationers degenerate into conceited ward-drudges. Without a system for these things, they potter and cobble out their year about the patients, and make not much progress in real nursing—that is, in obeying the physicians' and surgeons' orders intelligently and perfectly."

In her forthright way, Miss Nightingale predicted dire things for the students if we do not give them proper training.

She summarized so well all the attributes we want in a nurse today that I am going to end with this quotation:

"Training is to teach a nurse to know her business, that is, to observe exactly, to understand, to know exactly, to do, to tell exactly, in such stupendous issues as life and death, health and disease.

"Training is to enable the nurse to act for the best in carrying out her orders, not as a machine but as a nurse; as an intelligent and responsible being. Training has to make her, not servile, but loyal to medical orders and authorities. True loyalty to orders cannot be without the independent sense of responsibility, which alone secures real trustworthiness."

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